

LANCASTER SCA SCHOLARSHIP

Agreement to Participate in Case Management Services

**Recovery House Scholarship Program
Funded by Lancaster County D&A Commission (LCDAC)**

This document MUST be completed and submitted to LCDAC BEFORE participants transition to a recovery house.

I, _____, understand that I MUST be willing to engage in Case Management Services with an LCDAC funded Case Manager embedded in a local outpatient clinic and work with this Case Manager to create a unique Recovery Plan, and they will assist me with any non-treatment needs that I may have. I understand that this stipulation does **NOT** require me to enter SUD **treatment**.

I also agree to sign a consent to release information form that will allow LCDAC to contact my Case Manager to ensure compliance with this requirement.

I understand that if I do not contact my Case Manager **once every two weeks (14 days) either in-person or by phone**, nor work towards my goals as outlined in my Recovery Plan, this scholarship may be rescinded by LCDAC.

Participant's full name: _____

Participant's signature: _____

Date: _____

I have received a copy of this form.